

PUBLIC HEALTH REPORT

MALCOLM H. MERRILL, M.D., M.P.H.
Director, State Department of Public Health

ONCE AGAIN the Bureau of Communicable Diseases and the Viral and Rickettsial Disease Laboratory are maintaining a thorough surveillance of influenza in conjunction with the global World Health Organization network.

Through early November, no outbreaks of influenza have been identified. Moreover, absenteeism records of almost 150,000 California school children in selected areas have been normal, as have industrial absenteeism figures.

Deaths from pneumonia and influenza in major California cities have also remained at normal levels, as have all other indicators of influenza activity.

The State Health Department supports the recommendations of the U.S. Surgeon General's Advisory Committee on Influenza regarding immunization, which is encouraged particularly for those in known high risk groups: persons with chronic, debilitating diseases, persons over 45 and especially 65 years of age, and pregnant women.

Screening of retarded children in California for the condition phenylketonuria has been made possible by a U.S. Public Health Service grant to Childrens Hospital of Los Angeles.

A three-year study will be conducted of retarded children in public and private schools and homes to discover undetected cases of PKU. PKU is a hereditary disease in which the body's inability to use phenylalanine, a part of the protein in foods, usually produces severe damage to the brain, resulting in mental retardation. Detection of PKU is made by an inexpensive urine test.

In cooperation with public health officials, the public schools, private schools, and associations of parents for retarded children, the screening program staff will organize a screening project in each county to make the simple urine test.

Testing is accomplished in a manner so as to cause minimum interruption of the school day. Parents will be fully acquainted with the procedure prior to testing, and will be informed of the results. Where the screening results are inconclusive, follow-up testing will be done by the Metabolic Research Laboratory of Childrens Hospital.

When a suspected new case of PKU is discovered by the urine screening, the family physician will be notified and requested to obtain a blood serum sample so that the laboratory may make a confirm-

atory test for the disease. Because of the hereditary nature of PKU, all brothers and sisters of a PKU child should also be tested.

If identified early enough—during early infancy—the destructive effects of PKU can be prevented by supplying a special diet which is free of the particular part of protein foods which the child cannot metabolize.

There is some evidence to show that even with older children who have already become mentally retarded, the special diet will tend to improve their behavior, although no changes can be expected in intelligence level after brain damage occurs.

Children with phenylketonuria are now eligible for diagnosis and treatment under the State Health Department's Crippled Children Services. Treatment services may be provided when the diagnosis has been confirmed at one of the approved medical centers, in accordance with that center's recommendation.

Centers at present approved for the treatment of children with this condition include Childrens Hospital of Los Angeles.

The past 10 years of effective drug treatment has been an era of rapid advance in the control of tuberculosis. However, a new problem has emerged with increasing prevalence of drug resistant strains of *Mycobacterium tuberculosis*.

Since 1954, levels of resistance to one or more of the standard drugs have nearly doubled among cases never before treated. Of specimens currently tested for drug susceptibility in California, up to 40 per cent show resistance to one or more of the standard drugs. Treatment of drug resistant cases involves longer hospitalization and the use of much more toxic and expensive drugs and a higher level of treatment failure.

An essential of successful treatment is expanded laboratory services to determine drug resistance in the newly diagnosed cases, and by repeated laboratory studies to indicate desirable drugs and dosage throughout treatment.

The department has undertaken the surveillance of drug resistance among previously untreated cases, the emergence of resistance among treated cases, and will correlate laboratory tests with clinical findings.